

**EXHIBIT 2**

## Independent Nominating Petition

I, the undersigned, do hereby state that I am a registered voter of the political unit for which a nomination for public office is hereby being made, that my present place of residence is truly stated opposite my signature hereto, and that I do hereby nominate the following named person as a candidate for election to public office to be voted for at the election to be held on the 8th day of November 2022, and that I select the name **LaRouche Independent Party** as the name of the independent body making the nomination and the image to the right as the emblem of such body.

**Name of Candidate****Diane Sare****Public Office****United States Senator  
State of New York****Place of Residence** (also Post Office address if not identical)

Two Grant Street, Sloatsburg, NY 10974

I do hereby appoint

Joseph D'Urso  
333 Hillside Ave., Rochester, NY 14610Danette Singh  
48-10 65 St., Woodside, NY 11377Gary Daryl Kanitz  
1365 Maple Ridge Rd., De Kalb Junction, NY 13630

as a committee to fill vacancies in accordance with the provisions of the election law.

In witness whereof, I have hereunto set my hand, the day and year placed opposite my signature.

	<b>Date</b>	<b>Name of Signer (signature required) (printed name may be added)</b>	<b>Residence</b>	<b>Town or city (except in NYC enter county)</b>
<b>1</b>	/ /22	X		
	printed name			
<b>2</b>	/ /22	X		
	printed name			
<b>3</b>	/ /22	X		
	printed name			
<b>4</b>	/ /22	X		
	printed name			
<b>5</b>	/ /22	X		
	printed name			
<b>6</b>	/ /22	X		
	printed name			
<b>7</b>	/ /22	X		
	printed name			
<b>8</b>	/ /22	X		
	printed name			
<b>9</b>	/ /22	X		
	printed name			
<b>10</b>	/ /22	X		
	printed name			

**STATEMENT OF WITNESS**

I, \_\_\_\_\_ (name of witness) state I am a duly qualified voter of the State of New York and now reside at \_\_\_\_\_ (residence address)

Each of the individuals whose names are subscribed to this petition sheet containing \_\_\_\_\_ (fill in number) signatures, subscribed the same in my presence on the dates above indicated and identified himself or herself to be the individual who signed this sheet. I understand that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Date \_\_\_\_\_

Signature of Witness

**WITNESS IDENTIFICATION INFORMATION:** The following information must be completed prior to filing with the board of elections in order for this petition sheet to be valid.

C.D. \_\_\_\_\_

Sheet No.: \_\_\_\_\_